

CLAIMS ONLY

Application Number

10 | 711104

"Filling" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1						
2						
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47						
48						
49						
50						
Total Indep.	1					
Total Depend.	23					
Total Claims	24					